

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**COMMUNICATIONS SERVICES TAX**  
APPLICATION FOR RESALE

|                               |  |
|-------------------------------|--|
| NAME OF COMPANY/RESELLER      | RESALE CERTIFICATE NUMBER (DRA use only) |
| NUMBER & STREET ADDRESS       | COMMUNICATIONS TAX REGISTRATION NUMBER   |
| ADDRESS (CONTINUED)           | FEDERAL EMPLOYER IDENTIFICATION NUMBER   |
| CITY/TOWN, STATE & ZIP CODE+4 | SOCIAL SECURITY NUMBER                   |

Provide a detailed explanation why you believe that your purchases of communications services are exempt from the communications services tax pursuant to RSA 82-A:9. (Attach additional pages, if necessary.) If applicable, this is required information.

Provide a statement which indicates the percentage of purchases that are resold **AND** whether you purchased communications services are used for any of your own administrative purposes. (Attach additional pages, if necessary.) If applicable, this is required information.

Provide an explanation of how you calculated the resale percentage. If applicable, this is required information.

Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct and complete.

\_\_\_\_\_  
SIGNATURE (IN INK) OF AUTHORIZED REPRESENTATIVE      DATE

\_\_\_\_\_  
PRINT SIGNATORY NAME & TITLE

NH DRA  
MAIL AUDIT DIVISION  
TO: PO BOX 457  
CONCORD NH 03302-0457

